

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101531587

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)                                |
|---|--|---|
| NATIONAL STAGE FEES                                       |  |   |
| INC FEE   | SMALL ENT. = \$ 150  | LARGE ENT. = \$ 300                       |
| MININATION FEE  | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                     | All other situations =<br>\$ 100 / \$ 200 |
| URCH. FEE   | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 | All other situations =<br>\$ 250 / \$ 500 |
| FOR EXTRA SPEC. PGS.                                      | minus 100 =  | / 50 =                                    |
| TAL CHARGEABLE CLAIMS                                     | 8 minus 20 =   |   |
| DEPENDENT CLAIMS  | 2 minus 3 =  |   |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |  |   |

the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR  | OTHER THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE              | Fee |                         |
| BASIC FEE         |     |                         |
| EXAM. FEE         |     |                         |
| SEARCH FEE        |     |                         |
| X \$ 125 =        |     |                         |
| X \$ 25 =         |     |                         |
| X \$ 100 =        |     |                         |
| + \$ 180 =        |     |                         |
| TOTAL             |     |                         |
| OR                |     |                         |
| RATE              | Fee |                         |
| BASIC FEE         | 300 |                         |
| EXAM. FEE         | 300 |                         |
| SEARCH FEE        | 900 |                         |
| X \$ 250 =        |     |                         |
| X \$ 50 =         |     |                         |
| X \$ 200 =        |     |                         |
| + \$ 360 =        |     |                         |
| OR                |     |                         |
| TOTAL             |     | 900                     |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | •                                | Minus      | **                                 |
| Independent   | *                                | Minus      | ***                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

| SMALL ENTITY     | OR             | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE             | ADDITIONAL FEE |                         |
| X \$ 25 =        |                |                         |
| X \$ 100 =       |                |                         |
| + \$ 180 =       |                |                         |
| TOTAL ADDIT. FEE |                |                         |
| OR               |                |                         |
| RATE             | ADDITIONAL FEE |                         |
| X \$ 50 =        |                |                         |
| X \$ 200 =       |                |                         |
| + \$ 360 =       |                |                         |
| OR               |                |                         |
| TOTAL ADDIT. FEE |                |                         |

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | •                                | Minus      | **                                 |
| Independent   | *                                | Minus      | ***                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

|                  | ADDITIONAL FEE | ADDITIONAL FEE |
|------------------|----------------|----------------|
| X \$ 25 =        |                |                |
| X \$ 100 =       |                |                |
| + \$ 180 =       |                |                |
| TOTAL ADDIT. FEE |                |                |
| OR               |                |                |
| X \$ 50 =        |                |                |
| X \$ 200 =       |                |                |
| + \$ 360 =       |                |                |
| OR               |                |                |
| TOTAL ADDIT. FEE |                |                |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.